

3/31/10 9:31:18
OK W BK 629 PG 736
DESDOTO COUNTY, MS
W.E. DAVIS, CH CLERK

Prepared by and Return to:	Grantors Address:	Grantees Address:
Austin Law Firm, P.A. 6928Cobblestone Drive Suite 100 Southaven, MS 38672 662-890-7575 MS Bar #3412	1369 Ranger Drive Southaven, MS 38671 Home: 662-393-6132 Work: 901-301-3631	1369 Ranger Drive Southaven, MS 38671 Home: 662-393-6132 Work: 901-301-3631
File No:S03-10-0120		

WARRANTY DEED

THE ESTATE OF TRAVIS ODELL WILLIAMS, DECEASED,
JAMES JASPER TURNAGE, DOUGLAS WILLIAMS AND
DANNY WILLIAMS
GRANTORS

TO

JAMES J. TURNAGE,
GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, The Estate of Travis Odell Williams, deceased, James Jasper Turnage, Douglas Williams and Danny Williams, do hereby sell, convey, and warrant unto James J. Turnage, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 462, Second Revision, Section "B", Southaven Subdivision, located in Section 23, Township 1 South, Range 8 West, DeSoto County, Mississippi, as recorded in Plat Book 2, Pages 14-16 in the office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi.

Subject to subdivision restrictive covenants, easements and setback lines as recorded in Book 2, Pages 14-16, in the office of the Chancery Clerk of DeSoto County, Mississippi.

Taxes for 2010 have been prorated, and possession is given with this deed.

By way of explanation Travis Odell Williams, departed this life on the 21st day of November, 2008, leaving a Last Will and Testament naming the Grantors herein as his heirs and beneficiaries, said Will being filed in the Chancery Clerk's Office of DeSoto County, Mississippi, in Cause No. 09-04-0829 and appointing James Jasper Turnage as the Executor pursuant to the will and Travis Odell Williams and Travis O. Williams are one and the same person.

By further way of explanation, Martha J. Williams, died on March 3, 2006, leaving as her sole heirs the Grantors herein. The original Heirship Affidavits are attached hereto as Exhibit "A".

WITNESS signature(s), this the 26th day of March, 2010.

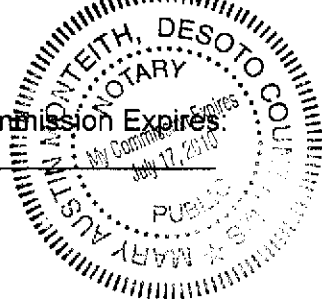
THE ESTATE OF OF TRAVIS ODELL
WILLIAMS
by: *James Jasper Turnage*
James Jasper Turnage, Executor
Douglas Williams
Douglas Williams
Danny Williams
Danny Williams
James Jasper Turnage
James Jasper Turnage

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, James Japer Turnage, who acknowledged to me that he signed and delivered the foregoing instrument of writing, as Executor of The Estate of Travis Odell Williams, deceased, on the day and year and in the capacity therein set forth, he being so duly authorized so to do.

Given under my hand and official seal of office, this the 26th day of March, 2010.

My Commission Expires



[Signature]
NOTARY PUBLIC

STATE OF MISSISSIPPI:
COUNTY OF DESOTO:

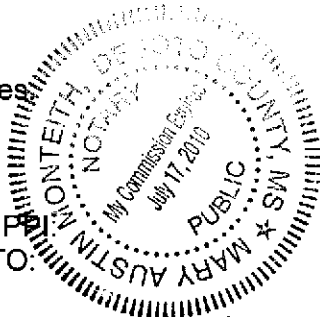
PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, Douglas Williams, who acknowledged that he signed and delivered the above and foregoing Deed on the day and year therein mentioned, as his free and voluntary act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 26th day of March, 2010.


Notary Public

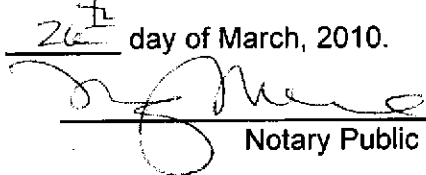
My commission expires:

STATE OF MISSISSIPPI:
COUNTY OF DESOTO:



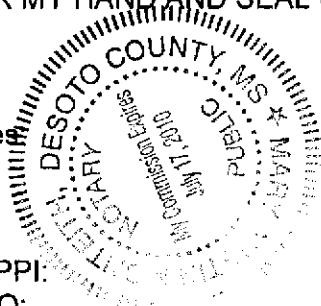
PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, Danny Williams, who acknowledged that he signed and delivered the above and foregoing Deed on the day and year therein mentioned, as his free and voluntary act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 26th day of March, 2010.


Notary Public

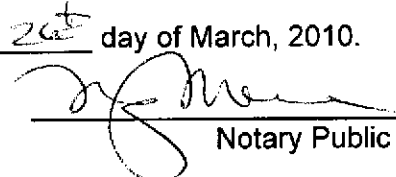
My commission expires:

STATE OF MISSISSIPPI:
COUNTY OF DESOTO:

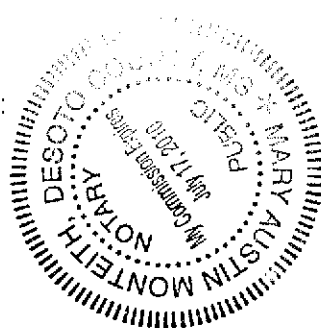


PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, James Jasper Turnage, who acknowledged that he signed and delivered the above and foregoing Deed on the day and year therein mentioned, as his free and voluntary act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 26th day of March, 2010.


Notary Public

My commission expires:





HEIRSHIP AFFIDAVIT

(Heirship of Martha J. Williams Deceased)

STATE OF Mississippi

COUNTY OF DeSoto
Luzia White

of lawful age, being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 40 years, and that affiant bears the following relationship to the said decedent, to wit: friends

Affiant further states that the said decedent departed this life at Southaven in DeSoto County, State of MS, on or about March 3, 2006 being 69 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of MS, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: NO

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: NO

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: NO

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: N/A

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes No ☒
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: yes
/ Travis O. Williams If not living, state date of death Nov 21, 2008

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced. ANSWER: N/A James Turnage Deceased

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for. ANSWER: (Give names of surviving children only)

	NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	<u>JAMES J. Turnage</u>	<u>October 16,</u>	<u>/</u>	<u>NONE</u>	<u>1369 Ranger Dr., Southaven MS</u>
2.	<u>DANNY D. Williams</u>	<u>JUNE 6, 1957</u>	<u>/</u>	<u>Dorothy M. Williams</u>	<u>251 FARLEY Rd, Bayham MS</u>
3.	<u>Douglas D. Williams</u>	<u>JUNE 14,</u>	<u>/</u>	<u>NONE</u>	<u>1369 Ranger Dr., Southaven MS</u>
4.	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for. ANSWER:

	NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1.	<u>NONE</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
2.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
3.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
4.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1.	None			
2.				
3.				
4.				

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes _____ No ☒ IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

	NAME	AGE	ADDRESS
1.	N/A		
2.			
3.			
4.			
5.			

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid. ANSWER: no

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.	N/A			
2.				
3.				
4.				
5.				

QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER:

	NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.	N/A				
2.					
3.					
4.					

Luzza White
Affiant

Subscribed and sworn to before me this

25th

day of March

My commission expires: MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES JUNE 27, 2010
BONDED THRU STEGALL NOTARY SERVICE

Donna Lee Ferguson
Notary Public

CORROBORATION AFFIDAVIT

STATE OF Mississippi (To be signed by some person other than the one making the foregoing affidavit.)

COUNTY OF Harrison

Michael White

of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by Luzza White

is true, to the personal knowledge of this affiant.

Michael White
Corroborating Affiant

Subscribed and sworn to before me this

25th

day of March

My commission expires: MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES JUNE 27, 2010
BONDED THRU STEGALL NOTARY SERVICE

Donna Lee Ferguson
Notary Public

NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as to each



HEIRSHIP AFFIDAVIT

(Heirship of Martha J. Williams Deceased)

STATE OF Mississippi
COUNTY OF Desoto
Michael White

of lawful age, being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 40 years, and that affiant bears the following relationship to the said decedent, towit: friends

Affiant further states that the said decedent departed this life at Southaven in Desoto County, State of MS, on or about March 3, 2006, being 69 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of MS, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: NO

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: NO

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: NO

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: N/A

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes No ✓
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: yes
Trouis O. Williams If not living, state date of death Nov 21, 2008

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced. ANSWER: N/A James Turnage deceased

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

	NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	<u>JAMES J. Turnage</u>	<u>October 16</u>	<u> </u>	<u>NONE</u>	<u>1369 Ranger / Southaven MS</u>
2.	<u>DANNY D. Williams</u>	<u>JUNE 6, 1957</u>	<u> </u>	<u>Dorothy M. Williams</u>	<u>251 Farley Rd. Byhalie, MS</u>
3.	<u>Douglas D. Williams</u>	<u>JUNE 14,</u>	<u> </u>	<u>NONE</u>	<u>1369 Ranger / Southaven MS</u>
4.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
2.	<u>NONE</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
3.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
4.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1.	<u>NONE</u>			
2.				
3.				
4.				

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes _____ No _____ IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

	NAME	AGE	ADDRESS
1.	<u>N/A</u>		
2.			
3.			
4.			
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QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid. ANSWER: _____

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.	<u>N/A</u>			
2.				
3.				
4.				
5.				

QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for:

ANSWER:

	NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.	<u>N/A</u>				
2.					
3.					
4.					

Affiant

Subscribed and sworn to before me this 25th day of March, 2010.

My commission expires: MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES JUNE 27, 2010
BONDED THRU STEGALL NOTARY SERVICE

Notary Public

CORROBORATION AFFIDAVIT

STATE OF Mississippi (To be signed by some person other than the one making the foregoing affidavit.)
COUNTY OF Desoto

Luzie White
of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by Michael White is true, to the personal knowledge of this affiant.

Corroborating Affiant

Subscribed and sworn to before me this 25th day of March

My commission expires: MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES JUNE 27, 2010
BONDED THRU STEGALL NOTARY SERVICE

Notary Public

NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship.